



New York City Department of Health, Division of Family and Child Health, Bureau of Early Intervention Frequently Asked Questions Regarding Procedures During COVID-19 (4/8/2020)

Introduction: The FAQs included in this document serve as additions to the guidance provided on March 13, 2020, March 18, 2020, and March 25, 2020.

Obtaining Parent/Guardian Consent

Q1: It is difficult at this time to obtain parents' signatures on 6 and 12-month IFSP documents, etc. What alternative ways can we use to obtain parents' signatures?

A1: As per NYC BEI guidance issued on March 13, 2020, in order to limit the community transmission of COVID-19, Individualized Family Service Plan (IFSP) meetings must be conducted via conference call.

- As with all phone-based IFSP meetings, the entire team must be present for the duration of the meeting. If all of the required IFSP team members are not available by phone, the meeting will need to be re-scheduled.
- To ensure the continued timely delivery of services, the parent/guardian's verbal consent must be documented in the IFSP as follows: "Parental verbal consent was obtained on (insert date) due to the COVID-19 declared state of emergency".
- The Ongoing Service Coordinator is required to later obtain the required signatures as per the NYC Policy and Procedure Manual 6-A.
- For initial IFSP meetings conducted by phone, BEI will require that the next review be conducted in person (face-to-face).

Q2: Given the difficulties of obtaining parent/guardian signatures, how can we ensure that consents and other forms requiring parent signature are completed so that the EI process can move forward?

A2: If the family is unable to print and scan any of the consent forms below, it is sufficient for them to email or text the service coordinator/evaluator/therapist/teacher (EI professional) with the following statement, which will serve as sufficient documentation of their consent during this declared state of emergency:

"This email/text message serves as my written consent on (name of the applicable form from the list below) in order to facilitate the Early Intervention process during the COVID-19 Declared State of Emergency (full name of parent/guardian who is proving consent) (date)".

- a. Note that parents/guardians MUST provide this electronic consent for the Consent to Use Email Form **first**, before any other consents can be obtained in this way.
- b. Prior to asking parents/guardians to email consent statements, the EI professional must explain the content of the consent forms/documents and what it will be used for to the parent/caregiver.
- c. The EI professional must send the parent/guardian the completed consent form for their review prior to obtaining the email/text message consent to ensure that the parent/guardian has full information regarding what they are consenting to.
- d. Parents/guardians cannot be asked to give consent on blank forms.

- e. The following forms/documents must be entirely filled out and then signed as necessary by the service coordinator, evaluator, and therapist before obtaining parent consent:
 - *Consent to Use Email*
 - *Initiate Service Coordination*
 - *Consent to Release/Obtain Information*
 - *Reason for Delay in Evaluation Completion Form*
 - *Closure Form*
 - *Consent for Evaluation Form*
 - *Provider Progress Note Form*
 - *Change in Services/Service Provider/Service Coordinator Form*
- f. The EI professional must then submit the saved consent email or text from the parent/guardian along with the corresponding form to the NYC BEI as required by the NYC Policy and Procedure Manual
 - All consents and forms must be attached to the child's integrated page in NYEIS.
- g. Early Intervention Official Designees (EIODs) will sign consents when they are received and contain all required consents.
- h. The saved consent email or text must also be kept as part of the child's record at the Early Intervention agency.
- i. It is the expectation of NYC BEI that the parent/guardian's signature be obtained on the applicable document as soon as possible via the US Mail, fax or email to ensure that there are no billing or audit issues. For audit purposes, the provider should retain both the signed consent document and the email/text message from the parent/guardian.

Q3: The Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19 includes a box to write in the service authorization (SA) number. If the SA number of a service changes, as with an IFSP review or amendment, and the provider agency remains the same, does the parent need to sign another Consent for Telehealth for that same service?

A3: Yes, when an event such as a Review meeting or service amendment creates a new service authorization or changes to the existing SA number in NYEIS, it becomes the responsibility of the child's Ongoing Service Coordinator to obtain an updated Consent for Telehealth form as part of the routine process to obtain parental consent for the IFSP or Amendment. All consecutive Consent for Telehealth forms must be sequentially dated to ensure that there are no gaps in consent. The provider must obtain Consents for Telehealth that reflect the child's most current service plan to ensure that the parent/guardian remains in agreement with the provision of Early Intervention services utilizing the teletherapy approach.

If the SA number does not change but the therapist changes, a new Consent for Telehealth form is not required.

Q4: If a commercial billing service already has the capacity for parents to sign electronic session notes and has created an electronic version of the New York State Department of Health Attendance Log which can be completed on-line, is it possible for the parent to sign through this application, since its electronic signatures have already been deemed acceptable and HIPAA/FERPA compliant?

A4: If an agency already uses a Medicaid-compliant system for getting signatures on session notes, the same system can be used to obtain signatures on the weekly session logs. It cannot be



used for consent forms. Providers are required to utilize the method outlined in A2 to obtain parent signatures for consent forms utilizing email or text.

Q5: Is a scanner application on a smart phone acceptable to transmit forms to families?

A5: A scanner application can be used to scan and email documents to a parent, but only after parental consent for the use of email has been obtained.

Q6: Is a typed signature ok if a consent or other document is converted to a fillable form?

A6: A typed signature is not acceptable.

Q7: If a provider mails a consent form to the parent, can the parent sign it, take a picture and email or text it back to the provider?

A7: Yes, if a provider mails the consent form to the parent, they can sign the form and return it to the provider electronically. However, the parents/guardians MUST provide an electronic consent for the Consent to Use Email Form **first**, before any other consents can be obtained utilizing email or text. Refer to A2 above.

Q8: What should agencies do if parent signatures were obtained on forms such as an evaluation consent forms but those forms are currently inaccessible because they are filed at a provider agency that is closed due to the declared state of emergency?

A8: Providers should complete a new form and document the following below the parent consent line: "This consent form is a duplicate and supplements the original consent form that is temporarily inaccessible due to agency inability to enter the physical workplace during the COVID-19 state of emergency." Once the state of emergency is lifted and the provider can enter the workplace, they should attach the original consent to the integrated case in NYEIS and add it to the child's case file at the office to create a complete file.

Q9: Is it possible to get one general consent for the entire multidisciplinary evaluation, including supplemental?

A9: No. A separate consent for the core evaluation and an additional consent for each supplemental evaluation is required. Failure to obtain individual consents for each supplemental evaluation would put the evaluation agency out of compliance with regulation. However, please refer to Q2 above regarding how evaluation agencies can utilize email/text messages to obtain consents from parents/guardians for core and supplemental evaluations.

Service Delivery

Q10: Can teletherapy sessions be used to make up missed home-based sessions? For exceptional circumstances, should we contact the EIOD?

A10: No, NYSDOH clarified in its FAQ issued 3/19/2020 that makeups are *prospective*. This means that once a parental consent for teletherapy is received, the rendering provider may conduct makeups going forward only for telehealth visits missed, and the provider may not provide makeups for face-to-face sessions that were missed prior to parental consent for teletherapy or 3/18/2020. If additional makeup visits are needed, the Ongoing Service Coordinator should submit an amendment request in NYEIS to the EIOD as per the NYC Policy

and Procedure Manual Chapter 7. Exceptional circumstances resulting in a need for additional sessions will be considered by the EIOD.

Q11: Can OTAs deliver OT sessions using teletherapy if they are supervised by licensed OTs?

A11: Yes. The Bureau of Early Intervention consulted with the State Education Department, Office of the Professions. OTAs and PTAs are permitted to provide virtual early intervention services during the declared state of emergency. Refer to the guidance issued by New York State Department of Health at:

https://www.health.ny.gov/community/infants_children/early_intervention/docs/doh_covid19_ei_faqs_23-37_04.01.20.pdf

Q12: What should we do if a child needs a new or renewed prescription or written order for a service, or a CH205 medical form for their evaluation, and their pediatrician is not accessible?

A12: A service that requires a new or renewed prescription or written order, e.g., PT, OT, or nursing, must not be provided without one. If the family can have a telehealth visit with their pediatrician or nurse practitioner and a prescription/written order can be obtained electronically, that will be acceptable. In addition, while the Bureau of Early Intervention typically requires a new prescription/written order at every new IFSP, Medicaid rules allow for a prescription to cover up to a year. Therefore, if there is no change to the service frequency or intensity, an existing prescription is sufficient for up to a year from the date that it is obtained. In addition, families may be able to obtain prescriptions utilizing their health care providers' online patient portals. Encourage the family to contact their health insurance company to inquire if they may be able to get help with respect to reviewing the child's record and issuing a written order.

Note: Providers have reported difficulty with obtaining a completed CH205 Form (Medical Form) which is creating challenges to submitting timely Multidisciplinary Evaluations (MDEs). In circumstances where a CH205/Medical Form cannot be obtained due to COVID-19, the provider should submit the completed MDE with a letter on provider letterhead indicating the dates provider reached out to MD and that the medical form could not be obtained due to the COVID-19 declared state of emergency. If an MDE is being submitted with an eligibility finding based on a diagnosed condition, the evaluation should state the diagnosed condition and the type of supporting documentation that was reviewed (e.g., NICU summary, audiology report).

Q13: Are accommodations being made when a therapist or teacher's annual medical is about to expire, and they are not able to get an appointment for a physical due to the COVID-19 declared state of emergency?

A13: Providers may pursue two courses of action:

- a. As an alternative to an appointment with their doctor, the provider should contact their health insurer to obtain assistance securing an appointment with a telehealth medical provider who can access their medical record to facilitate completion of the documentation required on the annual health statement.
- b. If providers are unable to obtain an appointment due to COVID-19, and since Early Intervention services are being delivered utilizing a teletherapy approach, an Early

Intervention provider may place a document on the provider agency letterhead in the therapist/teacher’s personnel file which states that “(Insert name of therapist/teacher) was unable to obtain an annual medical due the COVID-19 declared state of emergency.” The provider agency must ensure that it properly dates the document to span the period of the COVID-19 declared state of emergency.

Q14: Are child care centers currently open, and can Early Intervention services be provided onsite if they are?

A14: All Early Intervention services are expected to be provided utilizing a teletherapy approach during the COVID-19 declared state of emergency. The only exception is for services being delivered in child care settings. On April 3, 2020 the New York City Board of Health ordered child care programs regulated under Article 47 and 43 to close. The Bureau of Early Intervention would like to clarify the following:

- a. This order to close does not extend to Group Family Day Care and Family Day Care. Group Family Day Care and Family Day Care programs are still open and operating.
- b. The Bureau of Child Care will also be reviewing permitted programs who are indicating that they are serving children of essential staff (e.g., first responders, supermarket staff). The Bureau of Child Care will grant accommodations to those permitted programs in order to support essential staff and first responders. More information is available at: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-closure-of-child-care-modification.pdf>
- c. To determine if a child care center is open, the provider must contact the parent and child care center directly.

Transition

Q15: What accommodations are being made for children who are aging out of Early Intervention and have been referred to the Committee on Preschool Special Education?

A15: The follow accommodations are being made to the Early Intervention transition process:

- a. Consents:
 - The Committee on Preschool Special Education (CPSE) will accept the following form of documentation of parental consent on the Parental Referral to the CPSE, Notification of Potential Eligibility to the CPSE, and Parental Consent for Transmittal of Referral and EIP Records to the CPSE forms:
 - On the parental Consent Line, the Ongoing Service Coordinator may document: “Parent consent obtained (verbally/via email/via text) on (date). Unable to obtain parent signature due to COVID-19”
 - In addition, the Ongoing Service Coordinator must utilize the process to obtain parent/guardian consent outlined in Q2 above when uploading forms to the child’s integrated case in NYEIS.
- b. Use of Early Intervention Evaluations
 - For children who had Early Intervention Multidisciplinary Evaluations or supplemental evaluations conducted six (6) months or less from the date of the child’s referral to the CPSE, it is critical to obtain *Parental Consent for Transmittal of*

- Referral and EIP Records to the CPSE* in order to share those evaluations with the CPSE.
- The CPSE may utilize those Early Intervention evaluations as a portion of the necessary evaluations to establish eligibility for the CPSE.
- c. DEP 1 Consent form
- For children who have received a CPSE evaluation and whose IEP meeting is conducted via conference call, NYC BEI will accept the DEP-1 with a note indicating that “Due to the COVID-19 response, parental verbal consent was obtained on (insert date) by (insert name and signature of CPSE Administrator)” accompanied by the “IEP Record of Attendance” and “IEP Summary Page.”
 - These documents are required to facilitate an extension.
- d. Children who are aging out of Early Intervention in the next 30 calendar days:
- For children who have been referred to the CPSE in a timely manner but for whom evaluations have not yet been completed, the Ongoing Service Coordinator must:
 - i. Ensure that all of the completed documentation is attached to the child’s integrated case in NYEIS, including all relevant consent documentation;
 - ii. Attach fax confirmation that the referral was sent to the District to the child’s integrated case in NYEIS;
 - iii. Update the comments section of the transition tab under the navigation pane on the child’s integrated page in NYEIS indicating the reason for delay in evaluating the child and having a timely IEP to establish eligibility; and
 - iv. Contact the child’s EIOD to make them aware of the situation. The Bureau of Early Intervention Regional Offices are currently reviewing these situations on a case-by-case basis.